Assistance & Inquiry Survey

Thank you for interest in the Department of Veterans Affairs (VA) acquisition programs.

This survey questionnaire is in reference to your recent inquiry with an offical of the VA National Acquisition Center (NAC)

The reason for this survey is to better service our partners and customers. We are asking you to take a few minutes to complete this survey regarding the service you received.

Date of Service: (mm/dd/yyyy)							
C Customer C Existing Vendor Potential Vendor							
Your First Name: Your Last Name:							
Your contact email address:							
Your contact phone number:							
How did you contact the NAC? Phone Email US Mail In person							
What Service Assisted you?							
C FSS Medical Equipment & Supplies	C FSS Pharmaceutical, Dental and Other						
C FSS Professional Services	Medical Products National Contracts Direct Delivery						
National Contracts Medical Surgical	National Contracts Pharmaceutical						
Office of Executive Director	O Denver Acquisition & Logistics Center						
O Other							
Select the name of the person who assisted you							
The staff member that assisted me was courteous							
C Strongly Agree C Agree C Neutral C Disagree C Strongly Disagree							

My question or issue was handled timely							
0	Strongly Agree ^C	Agree C	Neutral ^C	Disagree ^C	Strongly Disagree		
The customer service I received from the NAC exceeded my expectations							
0	Strongly Agree ^C	Agree C	Neutral ^C	Disagree ^C	Strongly Disagree		
The NAC website www.va.gov/oamm/oa/nac is informative							
0	Strongly Agree O	Agree ^C	Neutral ^C	Disagree ^C	Strongly Disagree		
	v can we improve o	ur service t	o you or, do	you have any	additional comments? (Limited to		
_	B. Number: 2000 06	76					

PRIVACY ACT STATEMENT: The information collected on this form is necessary to meet the identify proofing requirements of Homeland Security Presidential Director (HSPD)–12. The information is used to verify the personal identify of VA Employees, contractors, and affiliates (such as student, WOC employees, and others) prior to issuing a Department identification credential. The identification credential is required for the use of VA physical and digital access control systems. The collected information is protected in accordance with the Privacy Act of 1974, 5 USC Section 552(3) and maintained under the authority of 38 USC Section 501 and 3 USC Sections 901–905.

RESPONDENT BURDEN: Public reporting for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (005R1B), 810 Vermont Avenue, NW, Washington, D.C. 20420. Do NOT send requests for benefits to this address.